



GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL

COMPLIANCE PROCEDURE

For Georgia Fire Departments

Purpose:

*It is the intention of the General Assembly of Georgia to establish minimum requirements for all fire departments operating in this state. The General Assembly recognizes that fire departments operating in this state cannot function effectively and efficiently as full-time fire departments without meeting or exceeding the minimum requirements established by **OCGA 25-3, Article 2**.*

The minimum requirements listed below are based upon various criteria for fire service agencies, including Georgia law, Georgia Firefighter Standards and Training Council policy, consideration of NFPA standards, and ISO requirements. These are intended as minimum guidelines only. Verification of fulfillment of all requirements, including review of testing, training, and inventory records, may be requested upon inspection of the department. Following review of operations and responsibilities, additional equipment or personnel requirements may be established to assure that a department is serving the best interests of the citizens of its area of operations.

Application:

To begin the compliance process, the applicant will complete all sections of the application form, attesting that all of the following requirements have been met:

1. Is established in accordance with O.C.G.A. 25-3-23, (A)
2. Is capable of providing fire protection 24 hours per day, 7 days per week.
3. Has the primary area of responsibility and operations defined and depicted on a map displayed at each station.
4. Is staffed with a sufficient number of fire fighters who are full-time, part-time, or volunteers and who have successfully completed an approved basic fire fighting course conducted by or through the Georgia Fire Academy. Note: Fifteen (15) qualified fire fighters are recommended. (Names of all personnel with approved training must be submitted on Personnel Form attached.)
5. Possesses a minimum of one (1) fully equipped, operable pumping apparatus with a capability of at least 750 gallons per minute at 150 PSI pump pressure, and a tank capacity of at least 250 gallons.
6. Possesses a minimum of two (2) GFSTC approved self-contained breathing apparatus on each pumping apparatus.
7. Possesses a minimum issue of sufficient personal protective clothing to permit each member to perform safely the duties of a firefighter.
8. Possesses the equipment noted below- should be intended or suitable for fire service use:
 - a) 3/4" or 1" booster-type hose 150 feet in length with a nozzle capable of flowing the rated capacity of the hose and discharging both spray and straight stream patterns, and a minimum of 150 feet of 1-1/2" double jacketed, lined hose with a nozzle capable of flowing the rated capacity of the hose and discharging both spray and straight stream patterns; or two 1-1/2' double jacketed, lined hose with a nozzle capable of flowing the rated capacity of the hose and discharging both spray and straight stream patterns.
 - b) two (2) portable fire extinguishers suitable for use on class A, B, and C fires, with a minimum rating of 20BC for dry chemical, 10BC for CO₂, and 2A for water-type extinguishers.
 - c) one (1) 12 foot or longer fire service straight ladder with folding hooks (roof ladder).

- d)** one (1) 24 foot or longer fire service extension ladder.
- e)** one (1) pick head ax.
- f)** two (2) portable battery-powered hand lights.
- g)** one (1) pike pole, any acceptable length.
- h)** one (1) bolt cutter.
- i)** one (1) claw tool.
- j)** one (1) crowbar

9. Possesses sufficient insurance coverage on each member to pay claims for injuries sustained en route to, during, and returning from fire calls or other emergencies, disasters, and scheduled training sessions.

Inspection:

Within twenty (20) business days after receiving this completed application, the Georgia Firefighter Standards and Training Council will contact the agency head to establish a date and time to conduct a visual inspection and/or review, and to establish that the department does or does not meet the state compliance requirements.

Certification:

Within ten (10) days after the on-site inspection, the application will be reviewed by the director of the Georgia Firefighter Standards and Training Council. If the department meets all established criteria to the satisfaction of GFSTC director, it shall be issued a numbered certificate of compliance and shall be authorized to exercise the general and emergency powers set forth in *OCGA 25-3, Article 1*. If the department fails to meet any portion of the minimum requirements for compliance, the agency head will be notified of the exact nature of the discrepancy so that corrective steps may be implemented.

**Georgia Firefighter Standards and Training Council
1000 Indian Springs Drive
Forsyth, Georgia 31029-9599**

Phone: (478) 993-4521

Fax: (478) 993-4511

COMPLIANCE APPLICATION

Agency Name: _____

Agency Address: _____

City: _____

County: _____

Zip Code: _____

Chief: _____

Daytime Phone #: _____

Training Officer/Designee: _____

Alternate Phone #: _____

Insurance Carrier: _____

Policy Number: _____

Number of personnel meeting requirements: _____ *(List on attached Personnel Form)*

List all stations, names, numbers, and mailing addresses. (Attach additional sheets if necessary.)

JURISDICTION

CHECK ONLY ONE FROM CATEGORIES 1-4

1. ☐ Government: An official unit of a government, and set up by that government. The signature on this form must be the chief administrative officer of the fire department.
- A. ☐ Municipal B. ☐ County C. ☐ State D. ☐ Federal
2. ☐ Subscription: A department funded by subscribers for fire protection.
3. ☐ Private Company: A company established (either profit or non-profit) to provide fire protection by contract. Non-profit means under IRS provision.
- A. ☐ Profit B. ☐ Non-profit
4. ☐ Independent Corporation: A department not meeting any of the above, and is established by corporate charter and by-laws; usually has Board of Directors which is responsible for the department.

TYPE OF DEPARTMENT

1. ☐ Paid (all) 2. ☐ Combination (part paid, part volunteer) 3. ☐ Volunteer (all)

Under penalty of perjury I verify that the foregoing information is true and correct based upon my personal knowledge and the information available to me, and that this department meets minimum requirements for compliance as provided for in Georgia law. I hereby request that the Georgia Firefighter Standards and Training Council review and/or inspect this department and issue a certificate of compliance.

Name: _____

Title: _____

Signature: _____

Date: _____

Notary: _____

Date: _____

Return to:



Georgia Firefighter Standards and Training
Georgia Public Safety Training Center
1000 Indian Springs Drive
Forsyth, Georgia 31029-9599

(3)

OFFICIAL USE ONLY

On-site inspection by: _____

Inspection date: _____

Agency Comp. # _____

Comp. cert. date: _____

NOTE: All personnel listed on this form must have completed an approved Basic Fire Fighter training program and have documentation on file. List last name, first name, middle initial, social security number, date of birth, appointment date and course completion date for each person.

Volunteer/Part-time Firefighter PERSONNEL FORM

AGENCY: _____

AGENCY COMPLIANCE NUMBER:_____

PRINT OR TYPE ALL INFORMATION:

OFFICE USE ONLY

[illegible]

Supplying or condoning the submission of false information to this agency may be a violation of the criminal code of Georgia (Georgia Law 1968 PP 1249,1310).

I verify that the foregoing information is true and correct based upon my personal knowledge and the information available to me, and that the personnel listed are members of the above named agency and have meet the current training standards as approved by the Georgia Firefighter Standards and Training Council.

Name: _____ Title: _____ Date: _____

Signature: _____

Fire Department Compliance Checklist Organizational Chart - Chain of Command

Shown below is an example of the organizational chart to be included with the Compliance Inspection Checklist. The inspector may use this form by adding the appropriate titles and the name of the personnel in the boxes provided. Indicate chain of command and supervisor authority by drawing lines between boxes if they are different than those indicated. This chart is to be used as a starting point and is for reference. Use separate sheets or draw additional departmental organization as necessary. Any organizational structure that is typical across multiple shifts may be indicated by a single drawing and note of explanation as shown. Include additional comments and notes necessary for full explanation.

Governmental Body

